

UNITED STATES DISTRICT COURT

for the

Eastern District of Texas

2015 JUN 30 AM 9:51

X EASTERN MARSHAL

Gene Reader LLC

)

Plaintiff

)

v.

)

Tecan US, Inc.

)

Defendant

)
)
)
)

Civil Action No. 2:15-cv-1050

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Tecan US, Inc.
c/o C T Corporation System
350 North St. Paul Street, Suite 2900
Dallas, TX 75201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Andrew W. Spangler
Spangler Law P.C.
208 N. Green Street, Suite 300
Longview, TX 75601

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 6/18/15

CLERK OF COURT


David Malone
Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-1050

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Tecan US, Inc.

was received by me on *(date)* 06/22/2015

I personally served the summons on the individual at *(place)* _____

on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____

, a person of suitable age and discretion who resides there,

on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is

designated by law to accept service of process on behalf of *(name of organization)* _____

on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)* Served certified mail, RRR # 7014 2870 0001 8358 4387

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 06/26/2015

/s/ Lindsey Boyett

Server's signature

Lindsey Boyett, Paralegal

Printed name and title

208 N. Green Street, Suite 300
Longview, Texas 75601

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

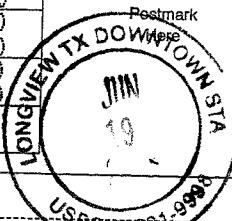
For delivery information, visit our website at www.usps.com.

OFFICIAL USE

7014 2870 0001 8358 4387

Postage	\$ 3.45
Certified Fee	\$ 2.80
Return Receipt Fee (Endorsement Required)	\$ 0.00
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 3.75

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*Sent To:
Tecan U.S., Inc.
Street & Apt. No.
or PO Box No.
350 N. Saint Paul St., Ste. 2900
City, State, ZIP+4
Dallas, TX 75201*

PS Form 3800, July 2014

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Tecan U.S., Inc.
c/o CT Corporation System
350 N. St. Paul Street, Suite 2900
Dallas, Tx 75201*

2. Article Numbr
(Transfer from

7014 2870 0001 8358 4387

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery
JUN 22 2015

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540